

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/567,157-Conf. #4222</td> </tr> <tr> <td>Filing Date</td> <td>June 1, 2008</td> </tr> <tr> <td>First Named Inventor</td> <td>Roberto Angelo Motterlini</td> </tr> <tr> <td>Title</td> <td>THERAPEUTIC DELIVERY OF CARBON MONOXIDE</td> </tr> <tr> <td>Art Unit</td> <td>1614</td> </tr> <tr> <td>Examiner Name</td> <td>A. A. Lewis</td> </tr> <tr> <td>Attorney Docket No.</td> <td>H0817.70003US00</td> </tr> </table>	Application Number	10/567,157-Conf. #4222	Filing Date	June 1, 2008	First Named Inventor	Roberto Angelo Motterlini	Title	THERAPEUTIC DELIVERY OF CARBON MONOXIDE	Art Unit	1614	Examiner Name	A. A. Lewis	Attorney Docket No.	H0817.70003US00
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Practitioner(s) Name</th> <th style="width: 17%;">Registration Number</th> <th style="width: 33%;">Practitioner(s) Name</th> <th style="width: 17%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number										
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<input type="checkbox"/> Applicant/Inventor. OR <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on															
SIGNATURE of Applicant or Assignee of Record															
Signature	Date														
Name	February 12, 2009														
Title and Company	Telephone														
Director, hemoCORM Limited															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.															
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